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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Albania

SUMMARY

The present document contains a recommendation for funding the country programme of Albania which has an annual planning level of $1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of $4,850,000 from general resources, subject to the availability of funds, and $10,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1996 to 2000.

* E/ICEF/1996/9.

** In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1995, will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.1).

BASIC DATA

(1994 unless otherwise stated)

Child population (millions, 0-15 years)	1.1
U5MR (per 1,000 live births)	41
IMR (per 1,000 live births)	34
Underweight (% moderate and severe)	../..
Maternal mortality rate (per 100,000 live births) (1990)	65
Literacy (% male/female)	../..
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%) (1990)	97.5
Access to safe water (%)	../..
Access to health services (%)	../..
GNP per capita	$360

One-year-olds fully immunized against:

tuberculosis:	81 per cent
diphtheria/pertussis/tetanus:	96 per cent
measles:	81 per cent
poliomyelitis:	97 per cent

Pregnant women immunized against:

tetanus:	92 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. Albania, the smallest country in the Balkans and one of the poorest in Europe, has emerged from 50 years of self-imposed isolation. Nearly two thirds of the estimated 3.4 million (1992) inhabitants of this mainly mountainous country live in rural areas. The population growth rate of 1.9 per cent, while high by European standards, has slowed since 1991 owing to the difficult economic situation and the emigration of many Albanians to neighbouring countries. With the exception of the 1991 turmoil, the transition so far has been remarkably peaceful given the volatile combination of extremely rapid change, poverty, food shortages and unemployment. The situation, however, remains fragile, with a decline in growth of gross domestic product from 11 per cent in 1993 to an estimated 6 per cent in 1995.

2. During the pre-transition era, Albania developed a comprehensive range of social services that benefited the entire population, with achievements in health and education that were remarkable given the country's resources. In the early 1990s, almost 80 per cent of the population were literate, having completed at least four years of school. Access to basic health care was universal. Social services, however, were evaluated using quantity-oriented indicators and were overwhelmingly oriented towards institutional rather than preventive family-based care.

3. Information on the country's social situation is unreliable, which prevents a comprehensive analysis of the causes and extent of the emerging poverty and changes affecting the most vulnerable groups. A reported 20 per cent of the population live in absolute poverty, with wide disparities

between geographic areas and urban and rural populations. The number of urban poor increased fivefold to between 25 and 30 per cent of the population between 1991 and 1993, and in spite of increased rural incomes, poverty levels may be higher in the poor mountainous areas of the north and north-east.

4. Although Albania ratified the Convention on the Rights of the Child in 1992 and has signed the Declaration of the World Summit for Children, the Government has not yet formulated a national programme of action (NPA) for children and women, and does not have any comprehensive policies addressing the needs and rights of children.

5. The 1994 infant mortality rate (IMR), at 35.7 per 1,000 live births, represented a slight decrease from the 1990 level of 41.8, although some districts have IMRs that are double the national average. The main causes of infant mortality are acute respiratory infections (ARI) (38 per cent), diarrhoeal diseases (13 per cent) and perinatal conditions, which may be the leading killer of infants as one third of infant deaths occur within the first month of life. The leading causes of under-five mortality are ARI and diarrhoeal diseases. Parasitic diseases affect a large number of children aged 1-4 years and are linked to poor hygiene habits and inadequate access to safe water and sanitation. Sample surveys suggest the prevalence of some malnutrition, while micronutrient deficiencies, such as iodine deficiency, represent a severe public health problem.

6. A high maternal mortality rate (MMR) (40.5 per 100,000 live births in 1994) is attributed to the very high frequency of abortions, short intervals between births and the high number of births per woman. Only 10 per cent of all women of reproductive age have access to contraceptives. Anaemia affects most pregnant women, especially those between 25 and 29 years of age.

7. The educational system currently is being overhauled to improve the quality of teaching through a reform of the curriculum and teaching methodologies. Some 94 per cent of children are enrolled in primary school, with no evidence of any gender disparities in enrolment. In 1994, preschool enrolment decreased from the previous rate of 58 per cent to 35 per cent largely because of the destruction and closure of many kindergartens, the privatization of the farming economy (leading to the closure of state-run preschools at cooperatives) and unemployment.

8. The situation of children in institutions has improved slightly since 1991 owing to the support of international non-governmental organizations (NGOs). Fortunately, strong family ties still prevent massive institutionalization of orphans and abandoned children, although the economic crisis is starting to erode this good tradition. Street children, often associated with gypsies in Albania, are still largely ignored.

PROGRAMME COOPERATION, 1993-1995

9. In 1993, a country programme of cooperation in Albania was approved by the Executive Board for the period 1993-1995 with an allocation of $3,000,000 in general resources and $6,000,000 in supplementary funds (E/ICEF/1993/P/L.21) to assist the Government in rehabilitating the basic social services disrupted during the 1991 revolution. UNICEF assistance focused mainly on health and nutrition, basic education, water supply and sanitation, children in especially difficult circumstances and social mobilization.

10. In the areas of health and nutrition, UNICEF assistance aimed to improve the quality and coverage of the primary health care (PHC) network, with special emphasis on maternal and child health. UNICEF supported the Government in ensuring the total immunization of Albanian children by providing all required vaccines and disposable syringes against the six major diseases of the expanded programme on immunization (EPI), as well as tetanus toxoid vaccine for all pregnant women and girls under 15 years of age. Support also included the introduction of a standardized vaccination card, training activities for all health workers, the production and dissemination of information and educational material for families, and the organization of a national immunization campaign in partnership with the mass media.

11. To combat ARI, standard World Health Organization (WHO) treatment guidelines were introduced and disseminated. Training manuals were distributed and printed and the training of doctors in cities and villages is under way. Diarrhoeal diseases were controlled through the nationwide supply of oral rehydration salts (ORS), with instructions in Albanian; the adaptation of training materials for oral rehydration therapy and training of trainers covering all paediatricians; and support for monitoring and supervision through the provision of vehicles. In addition, a supplementary-funded comprehensive programme for cholera prevention is being implemented. Largely because of UNICEF-assisted activities, no cholera cases were reported in 1995.

12. To combat iodine deficiency, a serious public health problem, assistance was provided to the Government for special testing of iodized salt as well as transport for supervision.

13. With the Government, UNICEF and the United Nations Development Programme (UNDP) reviewed the situation of the educational sector and its immediate needs and medium- and long-term plans. UNICEF, UNDP and the United Nations Educational, Scientific and Cultural Organization (UNESCO), together with the Ministry of Education, prepared a policy paper on major educational issues as a first step towards establishing a long-term strategy to develop human resources in Albania.

14. In the area of pre-primary education, UNICEF assisted four kindergartens which will serve as pilot institutions for retraining activities for teachers. The trainers at the pilot sites were trained in Italy. A national seminar on pre-primary education was organized in December 1994, with the help of UNICEF and specialists from the town of Reggio Emilia, Italy.

15. The main concern in primary education has been the quality of teaching and curriculum content. A teacher-training project was launched in September 1993 and a national reference centre was established in January 1995. In addition, the Convention on the Rights of the Child has been disseminated through booklets, teachers' guides, seminars and posters, and human and child rights are being incorporated into the primary school curriculum.

16. An excellent relationship with the media has helped to promote the Convention on the Rights of the Child, disseminate health education, celebrate National Children's Day and build partnerships in the national immunization campaigns. Excellent relationships with political and social leaders, including mayors, provide a strong alliance to advocate for children.

Lessons learned

17. Despite good relationships with policy makers, the absence of comprehensive national strategies and overall social sector policies reduces the impact of assistance aimed at improving the situation of children and women. Accordingly, emphasis should be on capacity-building and reorientation within the social sector, together with maximum coordination with the Government and other donors at the national level. There is a need to ensure the national advocacy and policy impacts of all UNICEF interventions, both on the Government and other donors; to assist in improving national data as an input for policy formulation and advocacy activities; to support community participation and decentralization; and to identify, reactivate and adapt successful and appropriate past practices in the new social context.

18. Maximum use must be made of media and other social mobilization tools to influence public opinion in favour of children and women, in addition to coordination with NGOs, especially at district and local levels.

19. New approaches should be based on successful trials validated by joint monitoring and evaluation with partners prior to national replication. In this process, identification and use of appropriate entry points is required, and UNICEF assistance needs to be concentrated on more cost-effective and sustainable approaches.

RECOMMENDED PROGRAMME COOPERATION, 1996-2000

Estimated annual expenditure

(In thousands of United States dollars)

	1996	1997	1998	1999	2000	Total
General resources						
Social policy planning and advocacy	100	150	150	150	100	650
Maternal and child health	400	410	410	430	450	2 100
Education	240	260	260	240	250	1 250
Area-based programme	-	80	80	80	100	340
Programme support	110	100	100	100	100	510
Subtotal	850	1 000	1 000	1 000	1 000	4 850
Supplementary funding						
Social policy planning and advocacy	10	60	110	160	160	500
Maternal and child health	1 450	1 300	900	800	800	5 250
Education	400	500	600	700	800	3 000
Area-based programme	-	100	250	450	450	1 250
Subtotal	1 860	1 960	1 860	2 110	2 210	10 000
Total	2 710	2 960	2 860	3 110	3 210	14 850

Objectives and strategies

20. Within the framework of the Convention on the Rights of the Child, the objective of the new country programme is to promote the survival, development, protection and participation of children and women in Albania. The key elements of the programme strategy will assist the Government to: (a) ensure at least basic service delivery, especially for vulnerable populations in term of their needs in health, education and attention to children in especially difficult circumstances; (b) emphasize capacity-building, especially to enhance the capacity of national and local government agencies to analyse data and formulate policies and programmes to benefit women and children; (c) implement activities aimed to empower women, children, families and the community, allowing them to improve their own situations; (d) participate in social research as a basis for planning and advocacy, ensuring the availability of data on the status of Albanian children and women and trends in the social sector; and (e) support local NGOs and work in partnership with international NGOs.

21. Advocacy will aim to influence the Government, local and international NGOs, communities and the society at large, as well as donors. Intersectoral cooperation to achieve synergy between sectoral programmes will be encouraged. Assistance will be given to develop and support comprehensive models of social development through area-based projects aimed at replication throughout the country.

Social policy planning and advocacy

22. The programme will help to formulate a social policy to benefit all children and women in Albania through the development of: (a) national mechanisms to monitor their situation on an ongoing basis, strengthening the collection, analysis and utilization of data; and (b) a national policy which complies with the Convention on the Rights of the Child. Advocacy activities will focus especially on the most disadvantaged and the promotion of a national awareness of women's and children's issues. Assistance will be provided to the Government for the preparation and publication of an NPA.

23. With inter-agency and donor collaboration, UNICEF will help to strengthen national capacity to design, implement and analyse social research activities that form the basis for designing and evaluating social sector policies. Assistance will be given to the Government, the university and NGOs to undertake extensive household surveys to monitor socio-economic indicators. A national poverty assessment will be prepared jointly with the World Bank and UNDP to collect data on trends in household incomes and expenditures, nutritional status and families' access to both effective social services and information. UNICEF will support and provide training to the National Institute of Statistics to ensure that components on children and women are included routinely in national data collection activities. Where necessary, UNICEF, together with a national counterpart, also will undertake limited rapid assessments to generate data to detect problems that require more detailed study or immediate action.

Maternal and child health

24. The programme will focus on improving the health situation of women and children by strengthening basic health care services, especially in rural areas. The programme aims to reduce IMR to 25 per 1,000 live births, the under-five mortality rate to 32 per 1,000 live births and MMR to 25 per 100,000 live births. It will aim to improve the quality and coverage of PHC, eliminate iodine deficiency and significantly reduce micronutrient deficiencies.

25. At the policy level, UNICEF will work to improve routine reporting systems and to strengthen the capacity of institutions to base their programmes on accurate and up-to-date information. Initially advocacy efforts will focus on maternal mortality, breast-feeding/nutrition, ARI and diarrhoeal diseases. These activities will be undertaken in close collaboration with other agencies and donor Governments. A reformed health policy and a correct pharmacological policy, including an essential drugs policy, will be formulated next year for implementation at national and local levels.

26. Activities for eradicating polio and achieving 90 per cent coverage against the six EPI diseases will be continued by providing vaccines and cold-chain equipment. In collaboration with WHO, the United Nations Population Fund (UNFPA), the World Bank and others, support will be given to technical training and retraining of health staff to ensure proper treatment and prevention of the major diseases, as well as training in nutrition and hygiene.

27. Priority will be given to the prevention and treatment of diarrhoeal diseases, including continued support for water treatment, technical assistance for latrine design and expansion in urban and rural areas without sewerage systems, the provision of ORS, training of health workers and promotion of breast-feeding. WHO training materials will continue to be adapted, and a standard treatment protocol following WHO guidelines will be developed and distributed.

28. Cooperation with UNFPA will be sought for health education and safe motherhood. Support will be provided for the distribution of WHO manuals on safe motherhood, and training will be provided to midwives, nurses and physicians in the early detection of at-risk pregnancies and birth attendance.

29. UNICEF will support the Baby-Friendly Hospital Initiative in seven maternity hospitals and assist the Ministry of Health to monitor results leading to a revision of medical training curricula and to the development of related policies and legislation. Advocacy with policy makers, donors and NGOs will be carried out to generate support for improved breast-feeding practices.

30. Surveys will be carried out to determine malnutrition levels and micronutrient deficiencies. UNICEF will continue to advocate the banning of non-iodized salt for human and animal consumption and provide the Ministry of Health with iodine tablets and vials, together with training of health personnel. Technical assistance and equipment to factories producing iodized salt will be made available, and Facts For Life will include a special chapter on iodine deficiency to be used in schools and by community-based workers and NGOs.

31. As part of the overall health reform emphasizing prevention and the promotion of healthy behaviour, support will continue to be given to health promotion through the development of complementary information, education and communication activities to address health issues in a more holistic manner through Facts for Life.

Education

32. Support will be given to improve the quality of pre-primary and primary education, and to encourage higher enrolment rates and higher learning achievements, complementing the work being carried out by UNESCO, UNDP, the World Bank and the Soros Foundation. Together with other key partners, assistance will be given to design the pre-primary and primary education component of the national education white paper.

33. In the area of primary education, support will be given to the qualitative improvement of primary education through curriculum reform and teacher training, community empowerment in the schooling system, and the development of innovative and cost-effective approaches and school health education.

34. In collaboration with the Soros Foundation, the European Union and the University of the Nations (Hawaii, United States), support will be given to the Ministry of Education in the development and evaluation of the model of pre-primary schools developed in Reggio Emilia, Italy. At the same time, assistance will be given to the development of family- and community-based early childhood development programmes to cover the great majority of children who do not attend preschool centres because of economic or geographic constraints.

Area-based programme

35. Three community-centred projects at district and municipal levels will be developed for nationwide replication. In the early stages, UNICEF mainly will support activities aimed at strengthening the capacity of local authorities in assessing and analysing the most important problems affecting children and women in their communities. Communities will be encouraged to develop an ongoing comprehensive situation analysis, to prioritize goals and to formulate action plans, while mobilizing and allocating resources. At the national level, UNICEF will seek to work with the Government to establish clear policies on the role of local governments in providing basic services to communities.

Monitoring and evaluation

36. A reliable process for monitoring programme activities is foreseen through: (a) regular internal sectoral reviews; (b) joint field visits; (c) regular discussions and reviews with government counterparts and donors; and (d) formal annual review and planning meetings. A series of programme evaluations is planned, including a rapid appraisal of each project to take place in late 1997 and serve as an input to the mid-term review. Comprehensive evaluations of the health, education and area-based programmes will take place during the fourth year of the programme cycle to serve as an input to the next programming exercise. Evaluations will examine changes and their significance in relation to effectiveness, efficiency, relevance, impact and sustainability.